

FILE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <i>x Mark Yurich</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>City of Warren Ohio- Office of the Mayor  Michael O'Brien, Mayor  City Hall  391 Mahoning Ave NW  Warren OH 44483</p>		<p>B. Received by (Printed Name)  <i>Mark Yurich</i></p> <p>C. Date of Delivery  JAN 25 2009</p>	
<p>09-560-WW AIR</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No  If YES, enter delivery address below:</p>	
<p>2. Article Number  (Transfer from service label)</p>		<p>3. Service Type  <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>7002 2410 0000 1632 3289</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business  
Technician DMM Date Processed 01-28-10